## U.S. Postal Service 4444 CERTIFIED MAILT RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com 90 PB 05027014 6/16/2010 Deficient Postage 000 Surety. Certified Fee Postmark Return Reciept Fee Here (Endorsement Required) 1160 Restricted Delivery Fee (Endorsement Required) Total F 1 700

Sent To ALAN NEWMAN PO BOX 150276 Street, A OF POB ELY NV 89315 City, Sta

PS Form 3800, June 2002

See Reverse for Instructions

## **Certified Mail Provides:**

PS Form 3800, June 2002 (Reverse)

A mailing receipt

A unique identifier for vour mailpiece

A record of delivery kept by the Postal Service for two years

Important Reminders:

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Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.

■ Certified Mail is not available for any class of international mail.

NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.

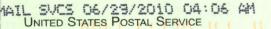
■ For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.

 For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.
Internet access to delivery information is not available on mail
addressed to APOs and FPOs.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee  B. Becelved by (Prioted Name)  C. Date of Delivery  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
ALAN NEWMAN PO BOX 150276	)
ELY NV 89315	8. Service Type  Certified Mail  Registered  Registered  Insured Mail  C.O.D.
PB 5027011 61+62016	A Restricted Delivery (Extra Fee) Yes
2. Article Number  (Transfer from service label). 7004 1160 0003 0190 4444	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540



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First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

PENNY BERRY STATE OF UTAH DIVISION OF OIL GAS & MINING PO BOX 145801 SALT LAKE CITY UT 84114-5801

